



STEVE COOLEY
LOS ANGELES COUNTY DISTRICT ATTORNEY

18000 CLARA SHORTRIDGE FOLTZ CRIMINAL JUSTICE CENTER
210 WEST TEMPLE STREET LOS ANGELES, CA 90012-3210 (213) 974-3501

April 27, 2004

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**AUTHORIZATION FOR THE LOS ANGELES COUNTY DISTRICT ATTORNEY
TO ACCEPT EIGHTEENTH-YEAR GRANT FUNDS FROM THE STATE OF
CALIFORNIA, VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD
(VCGCB) FOR THE CLAIMS VERIFICATION PROGRAM
FOR FISCAL YEAR (FY) 2004-05
ALL DISTRICTS (3 VOTES)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Adopt the enclosed Resolution authorizing the Los Angeles County District Attorney, on behalf of the County of Los Angeles, to enter into a Joint Exercise of Powers Agreement with the State VCGCB. Under this Agreement, the County will provide services to victims of crime and process compensation claims filed by victims on behalf of the State.
2. Authorize the District Attorney, on behalf of the County of Los Angeles, to execute the VCGCB Agreement to accept grant funds for the eighteenth year in the amount of \$2,602,390 for the period of July 1, 2004 through June 30, 2005 to fully offset program costs. The County's allocation is \$1,950,926 and the City of Los Angeles' allocation as a subcontractor is \$651,464.
3. Approve and instruct the Chairman to sign the enclosed Agreement between Los Angeles County and the City of Los Angeles. VCGCB program guidelines allow only one program provider in each County; however, the City desires to participate in this program as a subcontractor.

VCGCB has allocated \$651,464 to the City for this purpose. Pursuant to the Agreement, the City will provide services to victims of crime and process claims filed by the victims within the City of Los Angeles.

4. Authorize the District Attorney or his designee, on behalf of the County of Los Angeles, to serve as Project Director for the VCGCB Agreement, and to sign and approve revisions that do not affect the net County cost of the Agreement.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The VCGCB Agreement allows the District Attorney's Office to continue providing services to victims of crime and process compensation claims filed by victims on behalf of the State. This Agreement not only expedites the reimbursement to crime victims but also enables the County to receive timely payment for hospital and other services rendered to victims treated at County facilities. This is the eighteenth year the Los Angeles District Attorney's Office has been awarded grant funding from VCGCB for this program.

The City of Los Angeles performs as a subcontractor to Los Angeles County for the Claims Verification Program. Pursuant to the Agreement, the City will provide services to victims of crime and process claims for the un-reimbursed financial losses incurred by victims within the boundaries of the City of Los Angeles.

As part of the Agreement, the State requires adoption of the enclosed Resolution. Board approval is also required for the Agreement between the County and City. Both documents have been approved as to form by County Counsel.

Implementation of Strategic Plan Goals

This program expedites repayment of financial losses to victims of crime which is consistent with the County's Strategic Plan Goal No. 1, Service Excellence, in that it provides the public with access to services that are both beneficial and responsive.

FISCAL IMPACT/FINANCING

The total agreement amount for FY 2004-05 is \$2,602,390, of which \$1,950,926 is allocated to the Los Angeles County District Attorney's Office, and \$651,464 is allocated to Los Angeles City Attorney's Office. The total cost of the program is fully offset by the VCGCB.

Funding for this program is included in the District Attorney's 2004-05 budget.

If funding for this program were terminated, an evaluation would be conducted to determine whether the program would either be continued with costs absorbed by the department, or discontinued with the reallocation of staff to vacant budgeted positions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Pursuant to Penal Code Section 13835.2, the Los Angeles County Board of Supervisors designated the District Attorney's Office as the major provider of comprehensive services to victims and witnesses of crime for the County. The District Attorney's Claims Verification Unit has verified and submitted claims to the state for un-reimbursed financial losses incurred by victims of crime for the past seventeen (17) years.

In FY2002-03, the Claims Verification Unit received 6,329 claims, paid \$16,410,000 to victims in claims processed by the Unit, and paid \$2,583,699 in Emergency Funeral Burial and Domestic Violence and Sexual Assault Victim Relocations. Victims' claims are processed faster and the flow of information has improved between the years of 2000-2003 due to the creation of claims specialists and victim advocates teams. Also, procedures were developed to improve the accuracy of work, which improved the overall work performance of the Unit.

The VCGCB will reimburse the County at an amount equal to the actual costs of the program, or up to the maximum agreement amount of \$2,602,390. The County's allocation of \$1,950,926 for FY 2004-05 covers the salaries and employee benefits of 35.5 employees.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

This program does not propose attorney staff augmentation. Therefore, the District Attorney's Office is not subject to the Board motion of December 15, 1998, requiring clearance with the Alternate Public Defender, Probation, Public Defender and Sheriff's Departments.

The Honorable Board of Supervisors
Page Four
April 27, 2004

CONCLUSION:

Following Board authorization to approve the agreement for this program, the Executive Officer-Clerk of the Board is requested to return a copy of the adopted Board Letter and two (2) copies of the approved Resolution and Agreement containing original signatures, to Albert Ablaza, Contract and Grants Unit, Los Angeles County District Attorney's Office, 201 North Figueroa Street, Suite 1300, Los Angeles, California 90012. Any questions may be directed to Mr. Ablaza via e-mail at aablaza@da.co.la.ca.us or by telephone at (213) 202-7683.

Very truly yours,


STEVE COOLEY
District Attorney

aa:mmb

Enclosure

c: Chief Administrative Officer
County Counsel

Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding \$100,000

Department: Los Angeles County District Attorney's Office

Grant Project Title and Description

The Claims Verification Program provides services to victims of crime and processes compensation claims filed by victims on behalf of the State. This arrangement not only expedites reimbursement to crime victims, but also enables the County to receive timely payment for hospital and other services rendered to victims treated at County facilities. Funding associated with this Agreement fully offsets District Attorney staff costs to operate this program. The Board has adopted Joint Exercise of Powers Agreements and authorized acceptance of Standard Grant Award Agreements with the State for the past seventeen years. This is the eighteenth year of funding for the program.

Funding Agency
State Victim Compensation and
Government Claims Board

Program (Fed. Grant # /State Bill or Code #)
BOC - 4048

Grant Acceptance Deadline
May 31, 2004

Total Amount of Grant Funding: County = \$1,950,926
City = \$ 651,464

County Match:-0-

Grant Period: 2004-2005

Begin Date: July 1, 2004

End Date: June 30, 2005**Number of Personnel Hired Under This Grant:****Full Time 33.5**

PartTime 2

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant-funded program? Yes x No

Will all personnel hired for this program be placed on temporary ("N") items? Yes x No

Is the County obligated to continue this program after the grant expires? Yes _____ No x

If the County is not obligated to continue this program after the grant expires, the Department will:

	Yes	No
a). Absorb the program cost without reducing other services		

	Yes	No
b). Identify other revenue sources		

(Describe)

c). Eliminate or reduce, as appropriate, positions/program costs funded by the grant. Yes ☒ No ☐

Impact of additional personnel on existing space:

Department Head Signature Steve Cooley by Sharon Matsumoto Date 4/6/04

1 **BOARD OF SUPERVISORS**
2 **COUNTY OF LOS ANGELES**

3 **RESOLUTION**

4 Accepting Joint Exercise of Powers

5 Agreement with the State of California

6 Victim Compensation and Government Claims Board

7 Pursuant to California Penal Code Section 13835 et. Seq

8 **WHEREAS**, the County of Los Angeles is charged with providing vital
9 services in the area of courts, law enforcement, and adult and juvenile
10 justice to a population in excess of ten million persons; and

11 **WHEREAS**, the County of Los Angeles is authorized, pursuant to
12 Government Code Section 26500.5, to participate in any project or program
13 to improve the administration of justice; and

14 **WHEREAS**, the Board of Supervisors of the County of Los Angeles,
15 pursuant to Penal Code Section 13835.2, has designated the Office of the
16 District Attorney through its Victim-Witness Assistance Program as the major
17 provider of comprehensive services to victims and witnesses of crime; and

18 **WHEREAS**, the Victim Compensation and Government Claims Board
19 has been authorized funds to contract with local Victim-Witness Centers to
20 provide claims verification services; and

21 **WHEREAS**, the County of Los Angeles, acting through its Board of
22 Supervisors, desires to participate in such a program for the verification of
23 victim claims within its program area, for the 2004-2005 Fiscal Year, and
24 has the capability of providing such services through its center; and

25 **WHEREAS**, the Victim Compensation and Government Claims Board
26 has allocated funds for Fiscal Year 2004-2005 for the Los Angeles County
Victim Assistance Center for this specific task;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisors of
the County of Los Angeles, approves the submission and acceptance of
continued funding for a period of twelve months, upon approval of both the

1 State and County, for the 18th year by the State of California, Victim
2 Compensation and Government Claims Board for the above-referenced
3 program;

4 **BE IT FURTHER RESOLVED** that the Board of Supervisors of the
5 County of Los Angeles hereby approves acceptance of funds to be used
6 exclusively for the designated program, which may be awarded pursuant to
7 the Joint Exercise of Powers Agreement;

8 **BE IT FURTHER RESOLVED** that the State funds received hereunder
9 shall not be used to supplant local funds that would, in the absence of the
10 California Victim-Witness Assistance Program, be made available to support
11 assistance to victims of crime;

12 **BE IT FURTHER RESOLVED** that the Board of Supervisors of the
13 County of Los Angeles hereby authorizes the District Attorney or his
14 designee, to serve as Project Director for said program and to execute the
15 Agreement, on behalf of Los Angeles County, and to perform all further
16 tasks necessary for the completion of the project, including execution and
17 submission of amendments, extensions, augmentations, progress reports and
18 payment requests to the Agreement.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Board of Supervisors of the County of Los Angeles this _____ day of _____, 2004.

By _____
Chairman, Board of Supervisors

By _____
Deputy

By Kane Brown
Deputy

1 **AGREEMENT BETWEEN COUNTY OF LOS ANGELES AND CITY OF LOS**
2 **ANGELES FOR THE VICTIM COMPENSATION AND GOVERNMENT**
3 **CLAIMS VERIFICATION PROGRAM**
4

5 **THIS AGREEMENT**, is made and entered into this _____
6 day of _____, 2004, in the City of Los Angeles, California, by and
7 between the **COUNTY OF LOS ANGELES**, a County and political subdivision of the State
8 of California (hereinafter referred to as **COUNTY**), and the **CITY OF LOS ANGELES**,
9 a chartered municipality organized under the laws of the State of California (hereinafter
10 referred to as **CITY**), and both of whom collectively are referred to as the "**PARTIES**";

11 **WITNESSETH**

12 **WHEREAS**, the **COUNTY**, pursuant to Penal Code Section 13835, et seq.,
13 has designated the Office of the District Attorney through its Victim-Witness Assistance
14 Program as the major provider of comprehensive services to victims and witnesses of all types
15 of crimes; and

16 **WHEREAS**, the **COUNTY** has been awarded funds from the State of
17 California, Victim Compensation and Government Claims Board (hereinafter referred to as
18 "**VCGCB**"), of which **\$1,950,926** will be utilized by the **COUNTY**; the remainder, **\$651,464**
19 will be allocated to the **CITY** as a subcontractor to provide completed claim verifications for
20 the period July 1, 2004 - June 30, 2005; and

21 **WHEREAS**, the **VCGCB** has established Program guidelines which provide
22 that there will be only one Program provider in each County; and

23 **WHEREAS**, the **CITY** desires to participate in such a program for the
24 verification of victims' claims filed within the **CITY**; and

25 **WHEREAS**, the **CITY** has the capability of providing such services;

26 **NOW, THEREFORE**, in consideration of the mutual covenants herein set
27 forth and the mutual benefits to be derived therefrom, the **PARTIES** agree as follows:
28

1 The District Attorney's Victim-Witness Assistance Program and the City Attorney's
2 Victim-Witness Assistance Program will adhere to all provisions of the contractual
3 agreement set forth in the grant proposal incorporated herein by reference. Should
4 our agencies become aware of issues of mutual concern or conflicts, we will meet and
5 confer to determine the best possible resolution in the interests of the client population
6 our programs serve.

7 1. SCOPE OF SERVICES: The **CITY** shall provide services as described herein
8 and in the Joint Exercise of Powers Agreement:

- 9 • The **CITY** shall provide services to verify and submit claims for the
10 unreimbursed financial losses of certain victims of crime within the
11 boundaries of the City of Los Angeles.

12 2. TIME AND PERFORMANCE: Said services of the **CITY** are to commence
13 on or after July 1, 2004, and shall terminate June 30, 2005.

14 3. ADMINISTRATION OF CONTRACT:

15 A. The District Attorney of the County of Los Angeles, or his designated
16 representative, is designated as the **COUNTY's** Project Director, who
17 shall have full authority to act for the **COUNTY** in the administration
18 of this Contract consistent with the provisions contained herein.

19 B. The **CITY** shall designate a specific agent who shall have full authority
20 to act for the **CITY** with regard to the **CITY's** performance pursuant
21 to this Contract.

22 4. COMPLIANCE WITH LAWS: All parties agree to be bound by all applicable
23 federal, state and local laws, ordinances, regulations and directives as they
24 pertain to the performance of this Agreement.

25 5. DISCRIMINATION: No person shall, on the grounds of race, sex, creed, color
26 or natural origin, be excluded from participation in, be refused the benefits of,
27 any activities, program or employment supported by this Agreement.

- 1 6. COMPENSATION: For performance of those services previously described,
2 the **COUNTY** shall reimburse the **CITY** an amount of money not exceeding the
3 sum of six hundred fifty one thousand, four hundred sixty-four dollars
4 (\$651,464) for July 1, 2004 to June 30, 2005 which payments shall constitute
5 full and complete compensation for the **CITY's** services under this Agreement.
6 The **CITY** will submit invoices for their cost to the **COUNTY** on a monthly
7 basis. The **CITY** will be paid by the **COUNTY** out of funds received from the
8 VCGCB. Any such payments shall be contingent upon availability of VCGCB
9 funds and shall not be charged upon any other funds of the **COUNTY**.
- 10 7. ACCOUNTING: **CITY** must establish and maintain on a current basis an
11 adequate accrual accounting system in accordance with the U.S. General
12 Accounting Office Standards for audit of governmental organizations, programs,
13 activities and functions issued by the U.S. General Accounting Office.
- 14 8. CHANGES IN CONTRACT AMOUNT: The **COUNTY** reserves the right to
15 reduce the Agreement amount when the **COUNTY's** fiscal monitoring indicates
16 that the **CITY's** rate of expenditure will result in unspent funds at the end of the
17 program year. Changes in this Agreement amount will be made after
18 consultation with the **CITY**. Such changes shall be effective upon written notice
19 to **CITY** and **COUNTY's** Project Director.
- 20 9. REQUEST FOR FINAL PAYMENT: The **COUNTY** reserves the right to
21 withhold five (5) percent of the Agreement amount on a completed program
22 until a Certification of completion is issued by the **COUNTY**.
- 23 10. PROGRAM EVALUATION AND INSPECTION: The **CITY** shall make
24 available to the Controller of the State of California and the STATE VCGCB
25 and their authorized representatives for purposes of inspection and audit, any
26 and all of its books, papers, documents, financial and other records pertaining
27 to the operation of this Agreement. The aforesaid records shall be available for
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1 inspection and audit during regular business hours throughout the term of this
2 Agreement, and for a period of five (5) years after the expiration of the term of
3 this Agreement. The **CITY** shall permit the State VCGCB and their authorized
4 representatives to review its facilities and program operation from time to time
5 as may be requested by the **COUNTY**, and the VCGCB. Said representatives
6 may monitor the operations of this Agreement to assure compliance with all
7 applicable federal, state and local laws and regulations.

8 11. **TERMINATION AND TERMINATION COSTS:** This Agreement may be
9 terminated at any time by either party upon giving thirty (30) days notice in
10 writing to the other party. The **COUNTY** may immediately terminate this
11 Agreement upon the termination, suspension, discontinuation or substantial
12 reduction in VCGCB funding for the Agreement activity. In such event, the
13 **CITY** shall be compensated for all services rendered and all necessarily incurred
14 costs performed in accordance with the terms of this Agreement that have not
15 been previously reimbursed, to the date of said termination to the extent
16 VCGCB funds are available. Payment shall be made only upon filing with the
17 **COUNTY**, by the **CITY**, of vouchers evidencing the time expended and cost
18 incurred. Said vouchers must be filed with the **COUNTY** within thirty (30)
19 days of the date of termination.

20 12. **INDEPENDENT CONTRACTOR:** Both **PARTIES** hereto in the performance
21 of this Agreement will be acting in an independent capacity and not as agents,
22 employees, partners, joint venturers or associates of one another. The
23 employees of agent of one party shall not be deemed or construed to be the
24 agent or employees of the other party for any purpose whatsoever.

25 13. **ASSIGNMENT:** No performance of this Agreement of any section thereof may
26 be assigned or subcontracted by the **CITY** without the express written consent
27 of the **COUNTY** and any attempt by the **CITY** to assign or subcontract any

performance of the terms of this Agreement shall be null and void and shall constitute a material breach of this Agreement.

14. **HOLD HARMLESS:**

A. Neither the **COUNTY** nor any officer or employee thereof shall be responsible for any damages or liability occurring by reason of anything done or omitted to be done by the **CITY**, or in connection with any authority or jurisdiction delegated to the **CITY** under this Agreement.

It is understood and agreed that, pursuant to Government Code Section 895.4, the **CITY** shall fully indemnify and hold the **COUNTY**, its officers and employees, harmless from any liability occurring by reason of anything done or omitted to be done by the **CITY** or any officer or employee thereof under or in connection with any authority or jurisdiction delegated to the **CITY** under this Agreement.

B. Neither the **CITY**, nor any officer or employee thereof shall be responsible for any damage or liability occurring by reason of anything done or omitted to be done by the **COUNTY** under this Agreement. It is understood and agreed that pursuant to Government Code Section 895.4, the **COUNTY** shall indemnify and hold the **CITY**, its officers and employees, harmless from any liability imposed by reason of anything done or omitted to be done by the **COUNTY**, of any officer or employee thereof, under or in connection with any authority or jurisdiction delegated to the **COUNTY** under this Agreement.

15. **MONITORING:** The **COUNTY** shall have the authority to cause regular monitoring of this Agreement to verify that the **CITY** is operating in accordance with the grant award and the services to be performed thereto.

16. **NOTICES:** Notices and other correspondence shall be sent to the **COUNTY** as follows:

**Steve Cooley
District Attorney
County of Los Angeles
210 West Temple Street
Suite 18-709C
Los Angeles, CA 90012
Attention: Bureau of Management and Budget**

Notices and other correspondence shall be sent to the **CITY** as follows:

Rockard J. Delgadillo
Los Angeles City Attorney
1800 City Hall East
Los Angeles, CA 90012

17. **AMENDMENTS AND VARIATIONS:** This writing embodies the whole of the Agreement of the parties hereto. There are no oral agreements not contained herein. No addition or variation of the terms of this Agreement shall be valid unless made in the form of a written amendment to this Agreement formally approved and executed by both **PARTIES**.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its Chairman and the seal of said Board to be hereto affixed and attested by the Executive Officer-Clerk thereof, and the CITY has caused this Agreement for the VCGCB program to be signed by its duly authorized officers, the day and year written below.

County of Los Angeles

By _____
Chairman , Board of Supervisors

Attest: Violet Varona-Lukens
Executive Officer, Clerk of
the Board of Supervisors

By _____
Deputy

APPROVED AS TO FORM BY
COUNTY COUNSEL:
LLOYD W. PELLMAN

By  _____
Deputy

City of Los Angeles
Contractor:
By _____

(Title)

AGREEMENT NUMBER

BOC-4048

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

VICTIM COMPENSATION & GOVERNMENT CLAIMS BOARD

CONTRACTOR'S NAME

COUNTY OF LOS ANGELES

2. The term of this Agreement is: **JULY 1, 2004** through **JUNE 30, 2005**

3. The maximum amount of this Agreement is: **\$2,602,390**
Two million six hundred two thousand three hundred ninety dollars

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	1 page(s)
Exhibit B – Budget Detail and Payment Provisions	2 page(s)
Exhibit B-1 – Budget Page	1 page(s)
Exhibit C* – General Terms and Conditions	GTC 304
Exhibit D – Special Terms and Conditions	6 page(s)
Attachment I – Verification Specifications	2 page(s)
Attachment II– Invoicing Instructions	3 page(s)
Attachment III– Approved Travel Reimbursement Rates	1 page(s)
Attachment IV – Training Request Form	1 page(s)
Attachment V – Equipment Purchase Authorization Form	1 page(s)

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

COUNTY OF LOS ANGELES

BY (Authorized Signature)

DATE SIGNED(Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

Steve Cooley, District Attorney

ADDRESS

**210 West Temple Street, Suite 18-709
Los Angeles, California 90012**

STATE OF CALIFORNIA

AGENCY NAME

VICTIM COMPENSATION & GOVERNMENT CLAIMS BOARD

BY (Authorized Signature)

DATE SIGNED(Do not type)



PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

630 "K" STREET, SACRAMENTO, CA 95814

**California Department of General
Services Use Only**

☐ Exempt per:

EXHIBIT A

SCOPE OF WORK

1. The Joint Power Verification Unit (Contractor) agrees to provide to the California Victim Compensation and Government Claims Board (Board) services as described herein:

The verification and adjudication of claims for the unreimbursed financial losses of victims of crime.

2. The services shall be performed at:

Los Angeles County District Attorney's Office
Victim Witness Center
3204 North Rosemead Blvd., #200
El Monte, CA 91731

3. The Contractor may subcontract, not to exceed \$651,464, with the Los Angeles City Attorney's Office to provide the services at the following location:

Los Angeles City Attorney's Office
Victim Witness Center
312 South Hill Street, 2nd Floor
North Hollywood, CA 90013

4. The services shall be provided during regular work hours (a minimum of 8 hour day), Monday through Friday, except holidays.

5. The project representatives during the term of this agreement will be:

State Agency: California Victim Compensation & Government Claims Board	Contractor: Los Angeles County c/o District Attorney's Office
Name: JP Analyst, Joint Powers Unit	Name: Suzanne Childs
Phone: 916/327-0406	Phone: (626) 927-2525
Fax: 916/324-6381	Fax: (626) 569-9541

Direct all inquiries to:

State Agency: CVCGB	Contractor: Los Angeles County
Section/Unit: FBOS	Section/Unit: District Attorney's Office
Attention: Bettzan Mar	Attention: Patricia Tucker
Address: 630 K Street, 1 st Floor, Sacramento, CA 95814	Address: 3204 Rosemead Blvd., Suite 200 El Monte, California 91731
Phone: 916/327-5188	Phone: (626) 572-6364
Fax: 916/323-2695	Fax: (626) 569-9541

6. For a detailed description of work to be performed and duties of all parties, please refer to Attachment I.

7. REGULATIONS AND GUIDELINES:

All parties agree to abide by all applicable federal and state laws and regulations and Board guidelines, directives and memos as they pertain to the performance of this agreement.

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

1. INVOICING AND PAYMENT

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the Board agrees to compensate the Contractor for actual expenditures permitted by the terms of this agreement, and as reflected in the attached budget.
- B. The Contractor shall provide a detailed invoice monthly as set forth in Attachment II. The invoice shall be submitted to the Board at the address below within forty-five (45) calendar days after the end of the month for which services are billed.

Financial & Business Operation Section
Attn: Accounting Manager
Victim Compensation & Government Claims Board
630 "K" Street, 1st Floor
Sacramento, CA 95814

- C. The Contractor shall submit a final year-end closeout invoice within sixty (60) calendar days after June 30, 2005. The final reimbursement to the Contractor shall be contingent upon the receipt and approval of this closeout invoice by the Board.

2. BUDGET CONTINGENCY CLAUSE

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this agreement does not appropriate sufficient funds for the program, this agreement shall be of no further force and effect. In this event, the Board shall have no liability to pay any funds whatsoever to the Contractor or to furnish any other consideration under this agreement and the Contractor shall not be obligated to perform any provisions of this agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the Board shall have the option to either cancel this agreement with no liability to the Board, or offer an amendment of this agreement to the Contractor to reflect the reduced amount.
- C. The Contractor shall be paid by the Board out of funds from the Restitution Fund. Any payments shall be contingent upon the availability of Restitution Funds. Any funds paid shall not be a charge upon any federal monies or state General Fund monies. Funds provided under this agreement are not to be used for other services to victims and shall not be used to supplant those currently provided by county funds, or grants administered by the Criminal Justice Programs Division (Office of Emergency Services), formerly, Office of Criminal Justice Planning.

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

3. PROMPT PAYMENT CLAUSE

The Board shall pay all properly submitted, undisputed invoices within 45 days of receipt, in accordance with Government Code Chapter 4.5, commencing with Section 927.

4. COST LIMITATION

The total amount of this agreement shall not exceed \$2,602,390 as reflected in the attached budget.

A. PERSONAL SERVICES

LOS ANGELES COUNTY

Salaries & Wages Position/Class.	No. FTE	Rate	Time	Fiscal Year 2004-05
Victim Service Rep.II	18.00	\$3,186.82	216 months	\$688,353
Office Manager	0.25	\$3,186.82	12 months	\$9,560
Supg. VSR	3.00	\$3,742.45	36 months	\$134,728
Admin. Services Mgr. III	0.50	\$9,038.42	12 months	\$54,231
Asst. Program Administrator	1.00	\$4,565.36	12 months	\$54,784
Admin. Asst. II	0.25	\$4,126.73	12 months	\$12,380
Senior Clerk	1.00	\$2,801.36	12 months	\$33,616
** Intermediate Typist Clerk	8.25	\$2,548.09	99 months	\$252,261
Intermediate Clerk	1.00	\$2,487.00	12 months	\$29,844
** Student Professional Worker	2.00	\$9.80	4176 hours	\$40,925
Sr Secretary III	0.25	\$3,910.18	12 months	\$11,731
Total Salaries				\$1,322,413
Less SPW Salary				(\$40,925)
				\$1,281,488
Less Salary Savings				(\$221,977)
Total Direct Salaries				\$1,059,511
*Employee Benefits @ 48.983%				\$518,980
Plus SPW Salary				\$40,925
Total Personal Services				\$1,619,416

B. OPERATING EXPENSES

Equipment Lease (Xerox)	\$500.00 per month	\$6,000
Equipment Maintenance		\$3,000
Cubicle		\$6,000
Office Supplies		\$10,000
*Indirect Costs		\$275,110
Postage System		\$3,500
Office Furniture		\$2,000
Victims' Right Week		\$500
Travel/Training:		\$23,400

Will include the Customer Service and communication Techniques training for all staff, Staff Development workshops and seminars for supervisors and managers. Board of Control and Restitution Committee meetings for Program Director.

Total Operating Expenses \$329,510

C. COMPUTER EQUIPMENT

\$2,000

D. LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

\$1,950,926

E. LOS ANGELES CITY ATTORNEY'S OFFICE

\$651,464

TOTAL PROJECT COSTS

\$2,602,390

* Employee Benefit rate and Indirect Cost rate are subject to change.

** Recently an Intermediate Typist Clerk (ITC) was posted and all of our student workers applied for the position. They have gained significant knowledge and experience and are an important part of our work force. We are concerned we will lose them to other County agencies, if we cannot put them on ITC items.

EXHIBIT C

GENERAL TERMS AND CONDITIONS

GENERAL TERMS AND CONDITIONS

PLEASE NOTE: This page will not be included with the final contract. The General Terms and Conditions will be included in the contract by reference to Internet site www.dgs.ca.gov/contracts.

EXHIBIT D

SPECIAL TERMS AND CONDITIONS

1. PERSONNEL SERVICES & WORKLOAD

Contractor shall notify the Board of the resignation or termination of any staff person assigned to perform the functions of this contract within five (5) business days of being notified of the resignation or of issuing the notice of termination.

The Contractor shall obtain written authorization prior to filling "frozen" positions, new positions, vacancies or prior to changing the time base of existing positions even though funding was previously requested and made part of the budget. Approval for filling the "frozen", new or vacant positions will be based upon the Board's review of the Contractor's workload and upon the availability of funds.

Contractor shall notify the Board when a staff person assigned to perform the functions of this contract has been absent, or is expected to be absent, for any reason, longer than three weeks. When the staff person is on leave, including vacation, sick, and annual leave, the Board shall compensate Contractor for that period of time only if the staff person accrued the leave during the time the staff person was assigned to perform the functions described in this contract. Further, the Contractor agrees to provide, at the Board's request, documentation verifying leave accrued under the agreement.

The Contractor shall ensure that staff performing under this contract are separated from other staff performing other county functions unless otherwise permitted in writing by the Board.

Send (or e-mail) requests to the Joint Powers Unit, California Victim Compensation & Government Claims Board, P. O. Box 3036, Sacramento, CA 95812-3036.

The Board may, in its sole discretion, redirect workload (1) from the Board to a Contractor or (2) from one Contractor to another Contractor or (3) from a Contractor to the Board.

2. PERFORMANCE ASSESSMENT

The Board shall assess and evaluate the Contractor's performance in a manner consistent with those assessments and evaluations currently in place for the Board's claims processing staff.

- A. The Board may provide reports of the Contractor's performance to the District Attorney, the Chief Probation Officer or the Executive Officer.
- B. The Board reserves the right to revoke the access code of any Contractor's staff whose performance is consistently poor or below average based on the performance criteria used by the Board. Any Contractor's staff whose access code has been revoked shall no longer be authorized to process claims. The Board may subsequently agree to allow any such employee to work under this agreement.
- C. The Contractor shall maintain the highest customer service standards, and shall ensure that claims are processed accurately and efficiently, that claimants and victims receive prompt responses to their inquiries and that all claimants and victims are treated with

EXHIBIT D

SPECIAL TERMS AND CONDITIONS

sensitivity and respect. Should the Board communicate to the Contractor any complaint or concern about the foregoing, the Contractor shall respond to the Board within a reasonable time as requested by the Board.

3. JOB-REQUIRED TRAINING

The Board may reimburse salaries, benefits and travel costs for the Contractor's staff to attend job-required training, meetings, hearings, conferences or workshops. All such costs are included within the maximum agreement amount as reflected in the attached budget.

The Contractor shall obtain prior written authorization from the Board to attend trainings, meetings, hearings, conferences or workshops that are not job-required. The request is to be submitted on the Training Request Form (Attachment IV) and forwarded to the JP Analyst for approval.

4. MOVING

- A. The Board shall not reimburse any costs associated with the relocation of the Contractor's staff performing under this contract.
- B. The Contractor shall obtain written authorization from the Board to relocate computer terminals sixty (60) calendar days before any planned. Written notification should be e-mailed or addressed to the Joint Powers Analyst, California Victim Compensation & Government Claims Board, P. O. Box 3036, Sacramento, Ca 95812-3036.

Notification of relocation shall include the new address, including room number and the name, title, address, and phone number of a contact person who is responsible for telephone line and computer/electrical cable installation.

- C. Failure of Contractor to obtain prior authorization may result in the Contractor's inability to perform functions of the contract for a period of time. The Board will not reimburse the Contractor for lost production time.

5. UTILIZATION OF CLAIMS MANAGEMENT SYSTEM

The Contractor shall cooperate with the Board in all phases of the development and implementation of the Board's new automated claims processing system. The Contractor shall use the Board's claims management system to perform all work described in Exhibit A.1 (Scope of Work).

6. EQUIPMENT

- A. Written request and approval prior to purchase

The Contractor shall obtain prior written authorization from the Board in the acquisition of any/all equipment (capitalized assets), including "modular furniture", even though funding was previously requested and made part of the budget. The Board reserves the

EXHIBIT D**SPECIAL TERMS AND CONDITIONS**

option of not reimbursing the Contractor for equipment purchases that is not requested or approved in writing prior to purchase.

The Contractor shall submit the request for equipment purchases on the Equipment Purchase Authorization Form (Attachment V) to the attention of the Joint Powers Analyst, California Victim Compensation & Government Claims Board, P. O. Box 3036 Sacramento, CA 95812-3036.

B. Purchase of Information Technology Equipment

The Board will provide and/or reimburse, under this contract, costs for information technology equipment deemed necessary and approved by the Board (as defined in the State Administrative Manual Section 4819.2). If the Board purchases equipment for the Contractor, the Board will ensure that the equipment is operational, configured and delivered to the contractor. The Board will provide configuration support only on Board purchased equipment. Configuration support will include restoring altered Board equipment to its original configuration. If the Contractor purchases equipment, the Contractor is responsible for its own configuration, installation, and support of its purchases. Both Board and Contractor equipment purchases will require the purchase of a maintenance service agreement by the contractor. The Contractor is responsible for budgeting dollars through this contract to cover those support and/or maintenance service agreement costs.

All equipment purchased under this contract, regardless of whether the Board or the Contractor purchased it, shall be the property of the Board.

If computer software is purchased under this contract, vendors shall certify that it has appropriate systems and controls in place to ensure that State funds are not used to acquire, operate, or maintain computer software in a manner that does not comply with applicable copyrights.

7. OPERATING EXPENSES

- A. The Contractor may charge expenses to various line-item allocations as part of its operating expenses such as rent, utilities, postage, telephone etc., Such expenses are generally identified as "direct costs". The Contractor shall ensure that expenses that are classified as "direct cost" are not also included in the "indirect cost" or "overhead" categories. Indirect costs are those costs that are incurred for a common or joint purpose or a cost that is not readily assignable to a specific operating expenses line-item.
- B. The Contractor shall submit, upon the Board's request, a copy of the indirect cost allocation plan demonstrating how the indirect cost rate was established. All costs included in the plan shall be supported by formal accounting records which substantiate the propriety of such charges.

EXHIBIT D

SPECIAL TERMS AND CONDITIONS

- C. The Contractor shall obtain written approval prior to modifications being made to the line items under the operating expense category such as an increase to rent or offsetting savings from one line-item to another. Requests should be directed to the Joint Powers Analyst.

8. INVENTORY

EDP equipment, capitalized assets and non-capitalized assets, shall remain the property of the Board and shall bear identification tags supplied by the Board. The Contractor shall prepare an inventory listing as of June 30, 2004, on forms provided by the Board, and submit the list to Financial and Business Operations Section, P. O. Box 48, Sacramento, CA 95812.

In the event of termination of this agreement, the Board shall take possession of its property. The Contractor shall hold those items identified in the inventory list in storage until the Board retrieves its property. Payment of storage and retrieval shall be the responsibility of the Board.

9. CONFIDENTIALITY OF RECORDS:

The Contractor shall maintain the confidentiality of all records in accordance with Article 1, Section 1, of the California State Constitution, the Information Practices Act of 1977 (Gov. Code, § 1798, et seq.), and the statutes, regulations, and policies specifically applicable to the Victim Compensation and Government Claims Board, including Government Code section 13954. Contractor's staff having access to personally identifiable information shall hold the information in strict confidence, and shall not disclose it except as required by law or allowed by Board policy.

The Board's Custodian of Records in Sacramento shall be notified when a claimant or other person requests a copy of any document in or pertaining to the claimant's file. The Contractor shall not disclose any document pursuant to any such request unless authorized to do so by the Board's Custodian of Records, the Executive Officer, or the Legal Office.

The Board's Legal office in Sacramento is to be immediately notified of any request made under the Public Records Act (Gov. Code, § 6250, et seq.) for information received or generated in the performance of this contract. The Legal office may be reached at (916) 327-1998. No record shall be disclosed pursuant to any such request unless authorized by the Board's Legal Office.

The Contractor shall ensure that all staff is informed of the requirements of this provision and of direction given by the Board in Board Policy Memo No. 00-02, Information Security Pamphlet for non-Board Personnel. (Distributed February 1, 2000.) The Contractor shall establish procedures to ensure confidentiality of personal information.

10. INCOMPATIBLE ACTIVITIES

Contractor's staff assigned to perform services for the Board shall not:

- a. Engage in any conduct that is clearly inconsistent, incompatible, or in conflict with, his or her assigned duties under the contract;

EXHIBIT D

SPECIAL TERMS AND CONDITIONS

- b. Use information obtained while doing work under the contract for personal gain or the advantage of another person;
- c. Provide confidential information to anyone not authorized to receive the information.
- d. Confidential information obtained during the performance of contract duties shall be held in strict confidence;
- e. Provide or use the names of persons or records of the Board for a mailing list which has not been authorized by the Board;
- f. Represent himself or herself as a Board employee;
- g. Take any action with regard to a Victim Compensation Claim, or restitution matter with the intent to obtain private gain or advantage;
- h. Involve himself or herself in the handling of any claim or restitution matter when he or she has a relationship (business or personal) with a claimant or other interested party; or
- i. Knowingly initiate any contact with a claimant, person for whom restitution may be sought, or person against whom restitution may be collected, unless the contact is for the purposes of carrying out the services under the contract and is done in an appropriate manner.

It shall be the Contractor's responsibility to ensure that every staff person assigned to provide contracted services to the Board is made aware of and abides by this provision. If an assigned staff person is unwilling or unable to abide by this provision, the staff person should no longer be assigned to perform the services required by the contract. Any questions should be directed to the Board's Legal office.

11. RETENTION OF RECORDS

The Contractor shall retain claim files in its file rooms for at least two (2) years after the claim's last activity date or as otherwise required by the Board. The Board will automatically notify the Contractor if or when "inactive" files need to be sent to the Board.

The Contractor shall not destroy any files or records without written authorization from the Board.

The Contractor shall ensure that all staff is informed of the requirements of this provision and of direction given by the Board in the Board Policy Memorandum No. 01-02 (distributed July 26, 2001).

12. SUBPOENAS

The Contractor is not the Custodian of Records for any of the materials it creates or receives pursuant to this contract. The Contractor shall post a notice in its receiving department or other appropriate place stating that all Victim Compensation subpoenas and document requests shall be served upon the California Victim Compensation and Government Claims Board.

The Contractor shall inform a server of a subpoena that the subpoena shall be served on the California Victim Compensation & Government Claims Board at 630 K Street, 5th Floor,

EXHIBIT D

SPECIAL TERMS AND CONDITIONS

Sacramento, Ca 95814, Attn: Legal Office. The Contractor may also contact the Legal Office at 916/327-1998 for further assistance.

In cases where documents are being subpoenaed, the Contractor shall provide the Board with original and complete claim documents upon request. The Contractor shall submit the original claim documents in the most expedient manner necessary to meet the time constraints of the subpoena, including the use of overnight express mail.

13. TERMINATION

The Board or the Contractor reserves the right to terminate this agreement upon thirty (30) days written notice to the other. In such an event, the Contractor shall be compensated for actual costs incurred in accordance with the terms of the agreement up to the date of termination. Invoicing of the above-mentioned costs shall be submitted to the Board within thirty (30) calendar days of the date of termination.

VERIFICATION SPECIFICATIONS

1. The Contractor shall verify and adjudicate applications and bills pursuant to the statutes, regulations and policies outlined in the Policy and Resource Manual. The Contractor shall use all forms and processes required by the Board.
2. The verification of all applications and bills shall be performed by persons who have completed all required verification training provided by the Board, and who have been certified as eligible to perform such duties. Non-certified staff can process mental health bills utilizing the pre-authorization process in the Board's computer system.

The different types of applications and bills are defined as follows:

INITIAL ELIGIBILITY DETERMINATION

An initial eligibility determination application is one that has been filed for the first time by an applicant (for an individual incident). Components of a fully verified initial eligibility determination application include: crime report, verification report, history page, verification forms. (Verification forms may be required from providers, employers, health insurance companies, automobile insurance companies, recovery sources such as civil suit, workers' compensation and others). The application should be "date stamped" the day it is received by the Contractor and that date must be entered into the claims processing system as the date received.

BILL(s)

Bills for expenses or losses incurred are submitted either together with the application or on their own in a subsequent action.

Components of a fully verified bill include the itemized bill, verification forms, appropriate documentation substantiating a loss and history page. The bill should be "date stamped" the day it is received by the Contractor and that date must be entered into the claims processing system as the date received.

Bills may include but are not limited to mental health expenses, medical expenses, dental expenses, income loss, support loss, and relocation expenses.

PREAUTHORIZATION

Every Contractor shall establish a preauthorization process for all claims meeting the established preauthorization criteria. A mental health bill processed utilizing the preauthorization process need not have verification forms or a history page.

EXPEDITES

The expedite process may be utilized when the expense or loss does not meet the criteria for an Emergency Award and substantial hardship has been verified. The Contractor shall follow the established procedure for an expedite.

3. The Contractor shall work collaboratively with the Board to ensure that the CRC Restitution Specialist will receive the crime and offender information in a timely manner so that restitution can be requested at the time of an offender's sentencing.

The Contractor shall provide the Board with original and complete claim documents upon request in compliance with the requirements of court ordered documents. The Contractor

VERIFICATION SPECIFICATIONS

shall submit the original claim documents in the most expedient manner necessary to meet the time constraints of the court order, including the use of overnight express mail.

The Contractor shall cooperate with Board staff to assist in the identification of any monies owed to the Restitution Fund in the form of liens and overpayments. All information regarding liens and overpayments shall be forwarded to:

Chris Lackey, Manager
Liens and Overpayment Recovery Section (LORS)
P.O. Box 1348
Sacramento, CA 95812-1348
TELEPHONE: (916) 445-3996
FAX: (916) 327-3897

INVOICING INSTRUCTIONS

Personnel Services - Salaries and Wages

Personnel services include all services performed by county employees under this agreement. They may be salaried or hourly, full or part-time positions. Cost of sick leave, vacation, holidays, overtime and shift differentials will be included in salaries and wages. Further, reimbursement of leave time is subject to the conditions described in Exhibit D.1. All employees providing services under this contract are employees of the Contractor and not of the Board or other state agency.

A line item is required to identify each individual employee and position/classification even if several people are employed full or part-time in the same position/classification.

List each employee by name and title and show the percentage of time devoted to the program. Example: If the person is employed full-time, show the following: \$2,500 per month at 100% time x 12 months = \$30,000. If the person is employed part-time, show the hourly rate and the number of hours devoted to the program (e.g., \$25/hour for 10 hours per month x 12 months = \$3,000) or the monthly salary and the percentage of time devoted to the program (e.g., 50% x \$2,500/mo. x 12 months = \$15,000).

Place the total amount for this category in the space provided in the far right column.

Fringe Benefits

Elements that can be included in the fixed rate include employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance and/or pension plans. Other benefits, if negotiated as a part of the employee benefit package, also may be included in the fixed rate.

The description and amounts of fringe benefits can be displayed either by category, position or class. Please note that a line item can be used for each different position/class, if the benefits vary. If several people are employed full-time or part-time in the same position/class, provide the number of full-time equivalents.

Place the total amount for this category in the space provided at the far right column.

Operating Expenses

The following items fall within this category: rent, utilities, insurance, equipment rental, equipment repair, office supplies, telephone, postage, expendable equipment, overhead, data processing, training and travel. All items submitted must include a description or explanation of the expense.

Costs in these subcategories should be included if they were necessary to perform the services under this agreement and provided for in the budget. The total of all subcategories should be shown in the far right column.

INVOICING INSTRUCTIONS

The following subcategories have special requirements as noted below.

Rent

The rent subcategory is for facility rental. The number of square feet that will be rented for performing services specified in the agreement should be indicated as well as the rental amount.

Expendable Equipment (Non-capitalized assets)

Expendable equipment includes equipment with an acquisition cost of \$499 or less per unit (including tax, installation and freight) or with a useful life of less than five years. Any equipment for which the Contractor requests reimbursement from the Board must be submitted in writing and must be approved in writing by the Board prior to purchase. The Board reserves the option of not reimbursing equipment that is not requested and approved in writing prior to purchase. Equipment purchased under this contract is the property of the State of California; for further information, please refer to Exhibit D.6.

Overhead/Indirect Costs

Overhead costs are indirect costs which cannot be charged to a direct cost category because they are not readily itemized or assignable to a particular program. Overhead costs are costs necessary to the operations specified in the agreement. The costs of centralized County services such as personnel or accounting services are examples of indirect costs. For further information, please refer to Exhibit D.6.

Travel

The Contractor may use either its own written travel and per diem policy or the State policy in accordance with State Administrative Manual Section 0700 but it cannot exceed reimbursement rate of the State's travel policy. See Attachment C for the State travel reimbursement rates.

Travel costs are allowable expenses for transportation, lodging, meals and incidental items incurred by the Contractor staff to attend training classes, conferences, meetings, workshops or hearings. Out-of-state travel is not authorized. For further information, please refer to Exhibit D.2.

The state mileage rate is a maximum of \$0.34 per mile. Mileage covers gasoline, the cost of maintenance (oil, lube, routine maintenance), insurance (liability, damage, comprehensive and collision coverage), licensing and registration, depreciation, and all other costs associated with operation of the vehicle. The Contractor who plans to use cars from a state, county, city or district car pool or garage may invoice either the mileage rate established by the loaning agency or the state mileage rate, not to exceed the state mileage rate.

Itemize travel expenses of program personnel and show the basis for computation (e.g., travel to Victim Compensation Board conference in Sacramento, 100 miles @ \$0.34 per mile = \$34) or by the month (e.g., Program Director travels 100 miles per month @ \$.34 per mile x 12 months = \$408).

INVOICING INSTRUCTIONS

Describe briefly the purpose of the trip and list all personnel who made the trip (e.g., Program Director travels to other verification sites).

Equipment (Capitalized Assets)

Nonexpendable personal property equipment or capitalized assets is personal property having a useful life of five years or more and an acquisition cost of \$500 or more per unit (including tax, installation and freight). Examples of such equipment are copiers and personal computers (including the monitors and CPU). Equipment purchased under this contract is the property of the State of California; for further information, please refer to Exhibit D.6.

NOTE: Inclusive in this definition is "modular furniture" which is to be considered a capitalized asset due to its assembly requirements of several components to form a unitary whole.

Equipment used solely for program activities may be charged if it is essential to the implementation of the agreement.

Miscellaneous Expenses

Miscellaneous expenses are those charges that do not fall within the scope of the categories listed above. The Contractor will provide a description and breakdown of any expenses identified as miscellaneous.

APPROVED TRAVEL REIMBURSEMENT RATES

Mileage

The reimbursement rate to operate a privately-owned vehicle shall not exceed 34 cents per mile.

Meals

Breakfast \$6.00 - Breakfast may be claimed when travel commences at or prior to 6:00 a.m. Breakfast may be claimed on the last fractional day of a trip of more than 24 hours if travel terminates at or after 9:00 a.m.

Lunch \$10.00 - Lunch may not be claimed for travel less than 24 hours. Lunch may be claimed if the trip begins at or before 11:00 a.m. and may be claimed on the last fractional day of a trip of more than 24 hours if the travel terminates at or after 2:00 p.m.

Dinner \$18.00 - Dinner may be claimed if the trip begins at or before 4:00 p.m. Dinner may be claimed when travel terminates at or after 7:00 p.m. whether on a one-day trip or on the last day of a trip of more than 24 hours.

Incidentals \$ 6.00 - Incidentals may be claimed for trips of 24 hours or more.

Total \$40.00

Lodging

Statewide up to \$84.00 with receipt, except as follows:

Los Angeles and San Diego counties - up to \$110.00 + tax (with receipt)
Alameda, San Francisco, San Mateo
and Santa Clara - up to \$140.00 + tax (with receipt)

Other

Parking, taxi, airport shuttle, etc., which exceeds \$10.00 must be supported by receipt.

TRAINING REQUEST

<u>Name of County</u>	<u>Contract Number</u>	<u>Fiscal Year</u>
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Employee Name (Last, First, MI)	Telephone
---------------------------------	-----------

Classification	VWC#
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Supervisor	Telephone
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1.	
2.	
3.	

Location of training course - check appropriate box

☐ On site ☐ * Off site

* Please provide a breakdown of travel costs

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1.	
2.	
3.	

Check appropriate box

☐ Job Required ☐ * Job Related ☐ Upward Mobility ☐ Career Related

*Provide explanation of relatedness:

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Participant	
Supervisor	
Board approval	

Please fax the signed form to 916/324-6381 to the attention of the Joint Power Analyst.

State of California
Equipment Purchase Authorization Request
VCGCB-ADM-6070

Victim Compensation & Government Claims Board
Financial & Business Operations Section

EQUIPMENT PURCHASE JUSTIFICATION/AUTHORIZATION REQUEST

The following information must be provided in order for authorization to be granted for the purchase of equipment through the Criminal Restitution Compact contract. As stated in the contract, ALL EQUIPMENT PURCHASES MUST BE JUSTIFIED BY THE REQUESTING COUNTY AND APPROVED BY THE VICTIM COMPENSATION PROGRAM PRIOR TO PURCHASE, or the purchase may not be authorized and paid from the contract. A separate form must be completed for each piece of equipment being requested.

Attach additional sheets or documents as needed.

County: _____

Fiscal Year of Contract: _____

Make of Equipment: _____

Model No: _____

Software: (i.e., ProCom, Access, Windows, Excel)

Cost for- Equipment: _____

Software: \$ _____

TOTAL COST (please include taxes and delivery charges): \$ _____

How was this equipment selected and description of item(s): (Selection, i.e., 3 bids for comparison; description of item, i.e., lateral file - width, height and number of drawers)

Why is this equipment needed: (i.e., VOX access for new staff, current computer old/slow, etc.)

COUNTY CONTACT

Name: _____

Phone No: _____

E-Mail Address: _____

For Victim Compensation Program Staff Use Only:

FBOS/ISS Comments:

- ☐ Approved as submitted ☐ Denied
☐ Approved with changes (noted above)

Signed: _____

Date: _____

Restitution Recovery Staff or Joint Powers Analyst Staff Comments:

- ☐ Approved --Upon Approval -Forward copy to FBOS: ATTN. Larry Iniguez
☐ Denied

Signed: _____

Date: _____

FBOS- Issuing of Asset Tag Stickers

- ☐ Asset Tags Sent DATE: _____
☐ Schedule of Equipment ☐ Sent Date: _____
 ☐ Received Date: _____

Signed: _____